

## Student Information

LAST NAME	FIRST NAME	MIDDLE NAME
PROGRAM OF STUDENT		KEYANO STUDENT ID #

Check one:     Maximum Course Load     Full-time     Part-time     Co-op Term

## Tuition & Fees

Check all semesters to be covered by the sponsorship agreement:

Fall Semester (Sept – Dec)   
  Winter Semester (Jan – Apr)   
  Spring Semester (May – June)   
  Summer Semester (Jul – Aug)

All Mandatory Fees: (or check which ones you will include in sponsorship)

- |   |   |
|---|---|
| <input type="checkbox"/> Application Fee (if applicable)                      | <input type="checkbox"/> Campus Recreation Fee      |
| <input type="checkbox"/> Admission Deposit                                    | <input type="checkbox"/> Students' Association Fees |
| <input type="checkbox"/> Apprenticeship Materials or Lab Fees (if applicable) | <input type="checkbox"/> Technology Fee             |

Organization is GST or tax exempt.

Health & Dental Fee

(NOTE: if students already have benefits, they **MUST** complete a [Student Benefits waiver form](#) along with proof (i.e. Treaty, Employer, Parent, etc.) of benefits by the appropriate deadline to remove health and dental fees from their account. *No exceptions permitted*)

**Bookstore Charges:** (please check items to include in sponsorship)

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> Not Allowed                 | <input type="checkbox"/> Mandatory books, no supplies |                                   |
| <input type="checkbox"/> Backpack                    | <input type="checkbox"/> Calculator                   | <input type="checkbox"/> Bus Pass |
| <input type="checkbox"/> Mandatory books & supplies: | \$ _____  | per Sponsorship period            |

## Housing

Housing charges

## Release of Information:

We will only provide a statement of marks or attendance reports for those students who have provided us with a "Third Party Authorization/Authorization for Release of Student Information" forms.

## Send Invoice to:

ORGANIZATION			
ADDRESS			
CITY	PROVINCE	POSTAL CODE	PHONE
FAX	EMAIL		
AUTHORIZED BY	SIGNATURE	DATE	PO #

## Office Use Only

STUDENT ID	YEAR
AGREEMENT	ORGANIZATION

The personal information requested on this form is collected under the authority of section 65 of the Post-Secondary Learning Act and section 33© of Alberta's Freedom of Information and Protection of Privacy Act and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and award, convocation, sending education information, library services, emergency notification, and for college research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the Statistics Act; Alberta Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services; work experience and practicum sites to set up appropriate placements; Students' Association for the purposes of membership and information sharing; Syncrude Sport & Wellness Centre for the purposes of membership, Student Academic Support Services for the purposes continuous improvement of student academic success. For information about the collection and use of this information, contact the Registrar.